

Case Number:	CM13-0061078		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2012
Decision Date:	05/08/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 37 year old male who was injured on 07/30/2012 when his coworker placed his hand into a working machine with force and he developed problems with his cervical spine, lumbar spine and left hand. Prior treatment history has included physical therapy and acupuncture. Diagnostic studies reviewed include electrodiagnostic studies of the upper and lower extremities on 12/10/2012 were within normal limits. The primary treating orthopedic permanent and stationary report dated 11/25/2013 documented the patient had continued with problems with his cervical spine including pain, limitation in motion and weakness with continued problems with his lumbar spine including pain, limitation in motion and weakness. Physical findings on exam revealed an antalgic gait and he was able to heel and toe walk without difficulty. There was tenderness to palpation in the mid and lower paravertebral and trapezius muscle. There was tenderness to palpation in the upper and mid paravertebral muscles of the lumbar spine. Straight leg raise and rectus femoris stretch sign do not demonstrate any nerve irritability. On examination of the pelvis, there is no tenderness to palpation and no pain with compression/distraction of the pelvis. There was a negative Faber's sign. There was no sensory, deficit motor weakness or reflex asymmetry in either lower extremity. The diagnosis was contusion of left wrist, cervical spine strain, thoracic spine strain, lumbar spine strain, cervical disc protrusion at C3-C4, C4-C5, C5-C6 and C6-C7, and lumbar disc protrusion at L4-L5 and L5-S1. The patient was instructed in soft tissue modalities, exercise, and participation in activity as tolerated and appropriate and judicious use of medications. Absent the industrial carrier authorizing the patient's lumbar epidural injection, the patient has reached maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

BILATERAL SI INJECTION WITH FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines ODG recommends sacroiliac injections as an option if failed at least 4-6 weeks of aggressive conservative therapy (including physical therapy, home exercise and medication management) with the history and physical exam suggesting the diagnosis of sacroiliac dysfunction (with documentation of at least 3 positive exam findings). The medical records document a negative straight leg raise, rectus femoris stretch, no tenderness to palpation and no pain with compression/distraction of the pelvis and a negative Faber's sign. Further, the documents do not show the etiology typically associated with SI dysfunction (degenerative joint disease, joint laxity and/or trauma). The request for a bilateral SI injection with fluoroscopic guidance is not medically necessary and appropriate.